AFTER-SCHOOL PROGRAM POLICY

Policy Type:	Education Programming	**Initially Approved:**	06/2019 BCM WFN 19/20-06-69
Policy Sponsor:	Education Department	**Last Revised:**	01/26/2026
Primary Contact:	Education Services Manager	**Review Scheduled:**	01/2027
Approver:	Chief and Council BCM WFN 25/26-01-275		

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1. Purpose and Scope

The purpose of this policy is to outline the framework for the WFN After-School Program (ASP) and the Youth Leadership Program (YLP). This policy aims to ensure consistent delivery of safe, structured, and culturally relevant programming for WFN children and youth aged 4-17.

2. Program Overview

The ASP and YLP operate as structured, community-based initiatives designed to support the social, educational, cultural, and recreational development of WFN children and youth. These programs provide consistent and supervised environments where participants can access age-appropriate activities, skill-building opportunities, and positive mentorship. The following section outlines the core operational parameters for eligibility, registration, attendance, and capacity management which is meant to provide clear direction to both parents and WFN Education Staff in the delivery of these programs.

2.1. Eligibility Criteria

WFN's ASP and YLP have limited capacity; to manage registrations and to be equitable to WFN youth, a priority list has been developed to maintain this goal. This priority list only applies to registrants up-to the capacity limitation.

Priority 1. On-Reserve youth (4–17) who are WFN members or children/grandchildren of WFN members.
Priority 2. Off-Reserve youth (4-17) who are WFN members or children/grandchildren of WFN members.
Priority 3. Youth (4-17) who have been temporarily housed with guardians who are permanent WFN residents.
Priority 4. Youth (4-17) whose parents are permanent residents of WFN are eligible to register.
Priority 5. Youth (4-17) whose parents are WFN employees.

2.2. Registration and Waiting List

WFN staff will review registrations and will approve these up-to the maximum capacity outlined in the Funding and Program Limits section. While WFN staff will employ the priority list outlined above, any registrant with a higher priority will not replace a lower priority registrant.

In the event ASP or YLP receive too many registrants, a waitlist will be created and any registrants exceeding the capacity limitation will be placed on this waitlist. If a space becomes available, the next registrant will be contacted. Failure to respond to this notification within a reasonable time will lead to WFN staff rescinding the application and the next registrant on the list will be contacted.

2.3. Participation Expectations

The After School Program runs from 3:30 P.M. until 5:30 P.M. on Mondays and Wednesdays. Youth Leadership Program runs from 3:00 P.M. until 5:30 P.M. on Tuesdays. Unless otherwise communicated, please make sure children do not arrive before the scheduled times as the doors will not be open until the scheduled program times.

Parents/Guardians must completely understand this policy and return all required and properly filled forms and waivers to the Education Department in a timely manner.

All youth between ages 4-17 must be registered to attend programming provided by WFN.

Regular Participation of 50% is required to attend off-reserve programming. Youth will not be allowed to attend off-reserve programming unless a valid reason has been provided in advance.

In the event of low YLP registrations, youth (12-17) will be encouraged to join ASP during regularly scheduled activities on Tuesdays.

A minimum attendance cutoff will be decided based on schooldays and communicated to families at the beginning of the year.

2.4. Funding and Program Limits

Program capacity is determined annually based on available funding, staffing levels, and safety requirements. The number of enrolled participants cannot exceed the maximum standard of people within a confined space. This is to ensure safe supervision, high-quality programming, and in accordance with WFN and Ontario safety regulations.

Should funding levels change during the year, program hours, staffing, or total participant capacity may be adjusted to maintain compliance with safety standards and resource availability.

For ASP, the total maximum of youth (4-11) in attendance will be 15 and must be supervised by a minimum of 2 staff members of WFN; unless otherwise communicated by the Child and Youth Worker Supervisor or Program Lead for that day.

For YLP, the total maximum of youth (12-17) in attendance will be 10 and must be supervised by a minimum of 2 staff members of WFN; unless otherwise communicated by the Child and Youth Worker Supervisor or Program Lead for that day.

Programming may be cancelled or closed due to unforeseen circumstances with short notice and parents/guardians are required to be available for their child or have someone available if they are not.

Youth who are currently sick will not be allowed to participate in ASP or YLP unless they are deemed non-infectious or otherwise communicated by the Child and Youth Worker Supervisor or Program Lead for that day.

3. Services Provided

Various age-appropriate, structured, healthy, educational and social activities will be provided for children on site at the Gazebo and to outings which generally includes snacks and supplies.

Programming may include cultural teachings, land-based activities, recreational and educational opportunities, mental health promotion activities, and community engagement events designed to promote wholistic well-being.

4. Parent/Guardian Responsibilities

Parents and guardians are essential to ensure the safe and effective operation of ASP and YLP. Adherence to the responsibilities outlined in this section supports participant safety, smooth program transitions, consistent

communication, and compliance with WFN policies. Failure to meet these responsibilities may result in reduced access to certain program activities, temporary suspension from programming, or, in serious or repeated cases, removal from the program to maintain a safe and structured environment for all participants.

4.1. Communication and Contact

Parents/Guardians are expected to make themselves available to be contacted at any time during program hours or leave a contact name and number of a responsible Guardian who will be available to be contacted should there be a need or for pick-up, if needed. Please ensure that alternate contacts are aware they are a contact for your child.

Parents/Guardians need to promptly communicate any concerns directly with the Child & Youth Worker or Education Services Manager.

Parents/Guardians must ensure that all alternate contacts listed are aware they may be called upon and follow the responsibilities herein.

4.2. Attendance and Pick-Up

Parents/Guardians must pick up their children promptly at 5:30 pm and/or youth must promptly leave the program grounds after Program hours.

If a youth needs to leave program early, the Parent/Guardian must advise Child & Youth worker directly.

Parents/Guardians are responsible to keep their child home if they are sick. Parents/Guardians will be contacted to pick up their child if child attends sick to programming.

4.3. Consent and Authorization

Parents/Guardians will need to specify if their child will be transporting him/herself to and from the program and sign a letter of permission for our records.

Parents/Guardians must check off authorization for outings on the registration form in order to attend any outings. (Appendix A).

Wahnapitae First Nation Staff will only administer prescribed Medication with consent of Parent/Guardian. (Appendix C).

4.4. Conduct and Behaviour

No verbal abuse or mistreatment of any kind towards staff will be tolerated.

Parents/Guardians must review the Code of Conduct with the child and support adherence to all program expectations.

4.5. Health and Safety

Parents/Guardians must keep their child home if they display symptoms of illness and must arrange prompt pick-up if contacted by staff.

Parents/Guardians must be aware of WFN's External Infestation Policy.

5. Education Department Responsibilities

5.1. Program Operations and Oversight

The Education Department is responsible for the overall delivery and management of ASP and YLP.

The Education Department shall provide guidance, training and supervision for the Volunteers who are in a role-model capacity.

5.2. Safety and Facility Management

The Education Department will strive to provide a safe and hazard-free facility and playground space for programming.

Staff will ensure all activities are conducted in accordance with established safety practices and WFN policies.

5.3. Communication and Reporting

The Education Department will be available to receive concerns and ensure appropriate measures are taken in a timely manner.

The Education staff will keep parents/guardians informed of activities and promptly communicate any concerns.

5.4. Incident Management

Incidents of major concern will be recorded and followed upon with appropriate measures in a timely manner. This will be done within 24 hours.

Staff will complete all incident, injury, or illness documentation in accordance with Education Department policy.

5.5. Program Environment

The Education staff will strive to provide a positive learning environment in cooperation with the parents and children.

Photographs will not be published without prior consent from Parent/Guardian.

The Code of Conduct will be reviewed regularly to ensure expectations remain clear, current, and appropriate for program needs.

6. Staff and Volunteer Responsibilities

6.1. Professional Conduct and Expectations

Staff and volunteers are expected to maintain a professional, respectful, and supportive environment for all participants at all times.

Staff and volunteers must adhere to all WFN Education policies, including confidentiality, safety practices, and reporting requirements.

Staff and volunteers shall model positive behaviour and uphold the Code of Conduct to support healthy engagement between participants.

6.2. Program Delivery and Supervision

Staff and volunteers must provide active supervision of all participants and ensure established supervision ratios are maintained at all times.

Staff and volunteers are responsible for supporting safe transitions during arrival, pick-up, outings, and indoor/outdoor activities.

Activities must be delivered in a manner that promotes safety, inclusion, cultural respect, and positive youth development.

6.3. Incident Response and Reporting

Staff and volunteers must respond promptly and appropriately to any incidents, injuries, behavioural concerns, or safety risks.

All incidents, injuries, or illnesses must be documented using the procedures and forms appropriate to the situation.

Staff must notify the Education Services Manager and Education Director of significant concerns or incidents immediately.

6.4. Privacy and Media Use

Staff and volunteers must respect participant privacy and ensure no photographs, recordings, or identifying information are shared without prior written consent.

Personal devices shall not be used for photography, communication with participants, or storing participant information.

7. Policy Implementation

The Wahnapitae First Nation Education Department will implement the After School Program Policy.

8. Grievances and Appeals

8.1. Grievances

In the event an applicant believes they have been unfairly treated or that the Wahnapitae First Nation Education Department has not properly followed the After-School Program Policy, a grievance can be officially filed.

To begin the grievance process, the applicant must submit a formally written grievance letter to the Child and Youth Worker Supervisor. The letter must include all important facts such as dates, times, places, persons involved, witnesses, actions, etc. The letter must also be signed and dated.

Upon receipt of a grievance, the Child and Youth Worker Supervisor will examine the grievance and, within ten (10) business days, decide to either:

- Respond to the grievance in writing with information that will either allow the grievance to be resolved or;
- Provide an explanation why the grievance is declined.

If the applicant feels that the steps taken by the Child and Youth Worker Supervisor has not rectified the grievance, the applicant can progress to the following within ten (10) business days.

The applicant will then resubmit all information provided, including the response of the Education Services Manager, with a written explanation as to why they are not satisfied with the results to the Child and Youth Worker Supervisor.

The Education Services Manager will then submit all of this information to the Education Director with a copy sent to the Executive Director. The Education Services Manager, with the input of the Education Director, will come to a decision within ten (10) business days. This will lead to either:

- A resolution written to the grieved on how it will be resolved or;
- An explanation of why the grievance has been declined.

If the applicant is not satisfied, they may move on to the appeals process.

8.2. Appeals

In the event an applicant does not accept the denial of funding. They may submit an application to appeal the decision within 10 business days. Upon the Education Department receiving the appeal, the appeal process will begin.

To begin an appeal, the applicant must resubmit all forms originally submitted along with the denial response, and in addition they will attach a written explanation on why they disagree with the decision to deny.

The appeal application will be sent directly to the Education Services Manager. The appeal will be limited to matters directly relating to the After-School Program Policy. Within 10 business days of receiving an application to appeal, the Education Services Manager will meet with Education Department staff to discuss the appeal. Education staff will create a review, which will be submitted to the Executive Director, who will make the final decision based on the review.

If a conflict of interest arises or is identified within the Education Department, the Conflict of Interest Policy comes into effect; as per the policy, the person identified will remove themselves from the appeal discussion. This includes, but is not limited to, persons related to the Appellant, such as their spouse, common-law partner, father, mother, brother, sister, uncle, aunt, nephew, niece, stepson, stepdaughter, grandparents, grandchildren, or persons who reside within the household or have resided in the household in the last 5 years.

The Education Department will meet to discuss the Appeal within 10 business days of the application of the appeal being rendered. Within reason, a decision will be reached and communicated to the Appellant within 30 business days after the first meeting takes place.

The decision arrived at by the regulating Department can be brought to Chief and Council; this decision will be considered Final and Binding.

9. REVIEW AND AMENDMENT

9.1. Policy Review

Minor or administrative amendments to this policy that do not alter its intention or core criteria may be made with the approval of the Executive Director, without requiring formal review or approval by Chief and Council.

9.2. Revision History

Date: (mm/dd/yyyy)	**Motions**
09/28/2022	BCM WFN 22/23-09-246
05/08/2023	BCM WFN 23/24-05-42
04/30/2025	BCM WFN 24/25-04-22
01/26/2026	BCM WFN 25/26-01-275

10. APPENDICES

A REGISTRATION FROM

B CODE OF CONDUCT

C PARENTAL AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

D INCIDENT FORMS

APPENDIX A
REGISTRATION FORM

PART A: MEMBER INFORMATION

Member First Name | Last Name | Birth Date D/M/YY | Age | Gender

Member resides with | Health Card Number

PART B: FAMILY/GUARDIAN INFORMATION

Home Phone

Parent 1 First Name | Last Name | Cell Phone | Business Phone

Parent 2 First Name | Last Name | Cell Phone | Business Phone

Family Address | Apt/Unit | City/Town | Postal Code

PART C: ADULT EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

Please provide the names of two adults (in addition to parents listed above) who are allowed to pick up your child. Only adults indicated on this form will be allowed to pick up your child from program. Proof of identification maybe requested by WFN staff.

1 First Name | Last Name | Cell Phone | Business Phone | Relationship to Member

2 First Name | Last Name | Cell Phone | Business Phone | Relationship to Member

PART D: SCHOOL INFORMATION

School Name | Grade

Teacher's Name | Classroom #

PART E: SCHOOL PICK-UP AND SAFE ARRIVAL PROGRAM REGISTRATION

Please check the appropriate box below and provide the required information.

HOW WILL YOUR CHILD GET TO PROGRAM?

☐ By School Bus: My Child will arrive by bus

☐ On his her own: My child has permission to walk to program on his/her own. **Please initial ____.**

HOW WILL YOUR CHILD GET HOME FROM PROGRAM?

☐ I will pick up my child

☐ My child will go home on Safe Walk/Ride **Please initial ____.**

PART F: MEDICAL INFORMATION

Does your child have special needs, medical conditions or allergies?

☐ YES ☐ NO If yes, please describe:

_____

_____

_____

_____

_____

PART G: WAIVERS DISCLAIMERS & CONSENT

Photography & Media Release (Optional)

☐ I hereby give WFN Child & Youth Program consent to use and reproduce my child's name/image for promotional purposes related to WFN Child & Youth and WFN Health Department. My child's first name (unless otherwise authorized)/image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by WFN Child & Youth and/or Health Department. I release WFN Health Department and its agents from any and all claims, of any nature, based on any uses of the above.

☐ I hereby give Right To Play permission to use, copy, publish or display participant's name, photograph, or video recorded image to promote Right To Play events & advertisements on websites, news releases, art exhibitions, brochures, pamphlets or other

☐ I understand that Right to Play and my community's PLAY program have a zero-tolerance policy for violence, drugs or alcohol. Anyone found engaging in such activities will be excused from program activities, at the discretion of the PLAY Community Mentor.

Authorization for Outings (Optional)

☐ I give permission for my child to leave the premises of Wahnapitae First Nation (WFN) to participate in OUTINGS. I give permission to the staff of the WFN to take my child to all scheduled trip locations for the After School program. I give the staff permission to take my child on OUTINGS to local parks, playgrounds and swimming pools or any other outing. I agree that my child may be transported on outings by School Bus, WFN Van or by walking. I understand that my child will be escorted and supervised by the staff of Wahnapitae First Nation Education Department while participating in these activities

Liability Waiver (Mandatory)

☐ I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the WFN Child & Youth programs, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the WFN Health Department, the sponsors of said programs, or any of the WFN's representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the WFN Health Department. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Code of Conduct (please see parent guide for details) (Mandatory)

☐ I have read the code of conduct and have reviewed them with my child

_____ _____

Parent/Guardian Signature Date

APPENDIX B
STUDENT'S CODE OF CONDUCT

The staff of WFN's ASP and YLP are committed to providing a safe and enjoyable experience for your child. To this effect, students are also responsible to assist in these efforts. Parents are responsible to make sure their child understands the guidelines below.
Failure to do so may lead to temporary or permanent suspension of programming for your child.

BEHAVIOUR

1. Students are expected to respect facilitator, peers and their property.
2. Any form of bullying will not be tolerated.
3. Students will maintain hands off policy.
4. The use of foul language will not be tolerated.
5. Students must listen to their instructor or visiting instructor.
6. Students must respect and protect WFN property.
7. Students who chose not to participate in activities and disrupt their peers during programming, their parents may be called to pick up their child.
8. Students must keep phones on silent and in their bags/lockers until the end of programming.

SAFETY

1. Students need to wear season-appropriate clothing including footwear. Students are expected to bring these home nightly.
2. Students will utilize the buddy system during outings.
3. Students must pay attention to their surroundings and use care in all activities.
4. Students will adhere to all safety rules and regulations given for each activity he/she participates in.
5. Students will inform staff of any issues or concerns.

GENERAL

We expect all students to have FUN in the Afterschool Program but not at the expense of others.
Violation of this Code of Conduct can be grounds for automatic dismissal from program. This program is offered free of charge and is therefore regarded as a privilege and not a right.

I _____ understand the Code of Conduct. I agree to follow all of the above to ensure that my ASP/YLP experience as well as my peers in attendance is a positive one. I understand that failure to follow these rules may result in dismissal from the program.

Student's Signature: _____ Date: _____

I understand and certify that my child's participation in the WFN Afterschool Program and its activities is completely voluntary. I have read and understand the After School Policy. I reviewed and have instructed my child of the importance of knowing and abiding by the CODE OF CONDUCT for safety of all participants and staff.

Parent/Guardian Signature: _____ Date: _____

APPENDIX C

Parental Authorization for the Administration of Medication

Student's Name

Name of Prescribing Physician:

D.O.B

Prescription #:

Name of Medication:

Dose:

Date Medication was Prescribed

Reason for Medication:

Expiry Date:

Time(s) the Wahnapitae First Nation staff has to give medication:

Known Reactions:

Storage Instructions:

I, (parent, guardian) give permission to Wahnapitae First Nation staff to administer the above noted medication to my child according to the instructions stated above.

Parent/Guardian Signature

Date

APPENDIX C

Date	Dosage	Time Given	Admin. By	Not Admin. (Why)	Supervisor

Each staff member who administers medication must verify his/her initials with a signature, each below once.

Initials: _____ Signature: _____

Initials: _____ Signature: _____

Initials: _____ Signature: _____

Staff comments:

_____

_____

_____

ESM's SIGNATURE: _____ DATE: _____

APPENDIX D
INCIDENT/INJURY FORM

Staff Information

Name: Position/Role

Date/Time Signature

Student Information

Student's Name:

D.O.B.: Age: Sexe:

Incident Details:

Incident Date: Time: Location:

Name of Witness (If Applicable):

Witness Signature: Date:

Activity at the Time of Incident:

Cause of Injury:

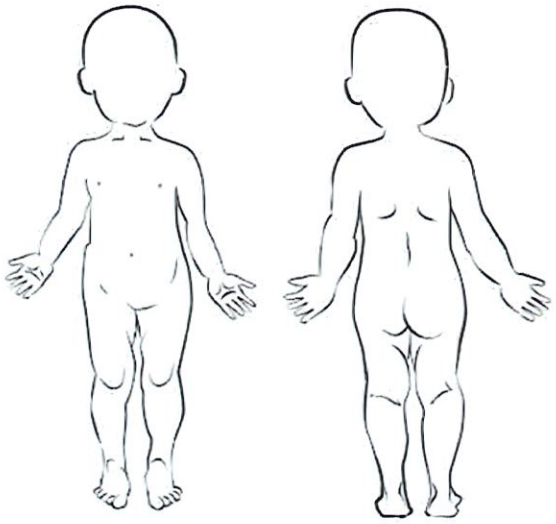
APPENDIX D

Circumstances Surrounding Incident (please include *all* details):

APPENDIX D

Nature of Injury/Incident

Indicate on Diagram Below Location of Injury



To the Best of Your Knowledge, Choose the Injury Inflicted

- ☐ Allergic Reaction
- ☐ Abrasion/Scrape
- ☐ Amputation
- ☐ Asthma/Respiratory
- ☐ Bite Wound (Non-Animal)
- ☐ Bruise
- ☐ Broken Bone/Dislocation
- ☐ Eye Injury
- ☐ Infectious Disease
- ☐ High Temperature
- ☐ Seizure/Convulsions
- ☐ Sprain/Swelling
- ☐ Tooth
- ☐ Other: _____
- ☐ Ingestion/Insertion
- ☐ Infection
- ☐ Poisoning
- ☐ Rash (Non-Allergic)
- ☐ Burn
- ☐ Choking
- ☐ Concussion/Head Injury
- ☐ Crush/Jam
- ☐ Cut
- ☐ Drowning
- ☐ Electric Shock
- ☐ Stabbing/Piercing
- ☐ Animal Bite

Post-Injury Process

Details of Action Taken (please include *all* details.)

_____

_____

_____

Were EMS involved? ☐ Yes ☐ No

Was the child brought to Hospital? ☐ Yes ☐ No

What Steps will be Taken to Prevent this Incident?

_____

_____

_____

APPENDIX D

Notifications

Parent/Guardian:

Time Date Notified? ☐ Yes ☐ No

Service Manager/Director:

Time Date Notified? ☐ Yes ☐ No

Other Agency (If Applicable):

Time Date Notified? ☐ Yes ☐ No

Regulatory Authority (If Applicable):

Time Date Notified? ☐ Yes ☐ No

Parent/Guardian Acknowledgement

I, _____ hereby acknowledge that I have been notified of my child's Incident/Injury.

_____ _____

Parent/Guardian Signature Date

Notes: